



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Chinook Public Schools</b>	Legal Entity Number <b>0028 0029</b>
Route # <b>3</b>	Length of Route (miles per day) <b>86.9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>54</b>
Vehicle I.D. # <b>1FDXJ75CXRVA23358</b>		License # <b>C759</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
		<input type="checkbox"/> Contractor Owned <b>Hellmans Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0028	Legal Entity 0029	Legal Entity	Legal Entity
% 67.00	% 33.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Chinook Public Schools</b>	Legal Entity Number <b>0028 0029</b>
Route # <b>2</b>	Length of Route (miles per day) <b>93.1</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>1FDPJ75C7RVA23360</b>		License # <b>C761</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
<input type="checkbox"/> Contractor Owned <b>Hellmans Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0028	Legal Entity 0029	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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October 15

**Rate Per Mile**  
\$1.15

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Chinook Public Schools</b>	Legal Entity Number <b>0028 0029</b>
Route # <b>1</b>	Length of Route (miles per day) <b>94.5</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>54</b>
Vehicle I.D. # <b>1FDNJ75C1RVA23359</b>		License # <b>C760</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
		<input type="checkbox"/> Contractor Owned <b>Hellmans Bus Service</b>		

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Legal Entity 0028	Legal Entity 0029	Legal Entity	Legal Entity
% 67.00	% 33.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
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1st Wheelchair (WC)			
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October 15

**Rate Per Mile**  
\$1.80

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-8</b>	Length of Route (miles per day) <b>93.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>1BABNBXAX3F211187</b>		License # <b>4447</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity 0031	Legal Entity	Legal Entity
% 73.00	% 27.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

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**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-3</b>	Length of Route (miles per day) <b>92</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>1T79R3B22R1124178</b>		License # <b>321</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity 0031	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

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October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-K1</b>	Length of Route (miles per day) <b>15.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>1BABNBXAX3F211187</b>	License # <b>4447</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
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October 1

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October 15

**Rate Per Mile**  
\$1.80

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-K2</b>	Length of Route (miles per day) <b>16.9</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>1BABNBXAX3F211187</b>	License # <b>4447</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
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**Rate Per Mile**  
\$1.57

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-2</b>	Length of Route (miles per day) <b>23.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>1T79R3B2XP1117993</b>	License # <b>309</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity 0031	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-4</b>	Length of Route (miles per day) <b>24.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>1T79R3B25N1111497</b>	License # <b>297</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity 0031	Legal Entity	Legal Entity
% 70.00	% 30.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-K</b>	Length of Route (miles per day) <b>24.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>1T75T4B26V1147897</b>	License # <b>342</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity 0031	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Harlem Public Schools</b>	Legal Entity Number <b>0030 0031</b>
Route # <b>12-5</b>	Length of Route (miles per day) <b>27.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>1T88T4B2121121440</b>	License # <b>468</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0030	Legal Entity 0031	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Zurich Elementary</b>	Legal Entity Number <b>0034</b>
Route # <b>1</b>	Length of Route (miles per day) <b>105.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>1GBL7T1P7RJ108312</b>		License # <b>C742</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
			<b>Contractor Owned</b> <b>Blaine Warburton</b>	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0034	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Turner Public Schools</b>	Legal Entity Number <b>0044 0045</b>
Route # <b>2</b>	Length of Route (miles per day) <b>110</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>22</b>
Vehicle I.D. # <b>2GBHG31KXP4147833</b>		License # <b>B882</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
		<b>Contractor Owned</b> <b>Reed's AG Enterprises</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0044	Legal Entity 0045	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
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1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Turner Public Schools</b>	Legal Entity Number <b>0044 0045</b>
Route # <b>4</b>	Length of Route (miles per day) <b>125.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>29</b>
Vehicle I.D. # <b>1GBJG31F021151443</b>		License # <b>E317</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
			<b>Contractor Owned</b> <b>D&amp;M Haugen Farms Inc</b>	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0044	Legal Entity 0045	Legal Entity	Legal Entity
% 75.00	% 25.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Turner Public Schools</b>	Legal Entity Number <b>0044 0045</b>
Route # <b>5</b>	Length of Route (miles per day) <b>142.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>19</b>
Vehicle I.D. # <b>2GBHG31J9K4116394</b>		License # <b>C449</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
		Contractor Owned <b>Steven Humphreys</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0044	Legal Entity 0045	Legal Entity	Legal Entity
% 52.00	% 48.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Turner Public Schools</b>	Legal Entity Number <b>0044 0045</b>
Route # <b>1</b>	Length of Route (miles per day) <b>76</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>42</b>
Vehicle I.D. # <b>1HVBAZRM5PH483118</b>		License # <b>B715</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
			<b>Contractor Owned</b> <b>Arthur E Sanguins</b>	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0044	Legal Entity 0045	Legal Entity	Legal Entity
% 75.00	% 25.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Turner Public Schools</b>	Legal Entity Number <b>0044 0045</b>
Route # <b>3</b>	Length of Route (miles per day) <b>76.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>59</b>
Vehicle I.D. # <b>1FDNJ75C9RVA39308</b>		License # <b>C764</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	
			<b>Contractor Owned</b> <b>Frank McGuire</b>	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0044	0045		
% 81.00	% 19.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Hays-Lodge Pole K-12 Schls</b>	Legal Entity Number <b>1213</b>
Route # <b>5</b>	Length of Route (miles per day) <b>79.5</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>1GBL7T1C1WJ109559</b>	License # <b>258</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1213	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Hays-Lodge Pole K-12 Schls</b>	Legal Entity Number <b>1213</b>
Route # <b>4</b>	Length of Route (miles per day) <b>80</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>30</b>
Vehicle I.D. # <b>1GBJG31F821215437</b>		License # <b>463</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1213	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006**

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Hays-Lodge Pole K-12 Schls</b>	Legal Entity Number <b>1213</b>
Route # <b>1</b>	Length of Route (miles per day) <b>65.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>42</b>
Vehicle I.D. # <b>1BAKBCKH43F217007</b>		License # <b>475</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1213	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Hays-Lodge Pole K-12 Schls</b>	Legal Entity Number <b>1213</b>
Route # <b>6-A</b>	Length of Route (miles per day) <b>24</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>42</b>
Vehicle I.D. # <b>1BAKBCKH43F217007</b>	License # <b>475</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1213	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
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**Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006**

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Hays-Lodge Pole K-12 Schls</b>	Legal Entity Number <b>1213</b>
Route # <b>8</b>	Length of Route (miles per day) <b>24</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>1GBL7T1C1WJ109559</b>		License # <b>258</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1213	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2005 - 2006

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Blaine</b>		County Number <b>03</b>	District Name <b>Hays-Lodge Pole K-12 Schls</b>	Legal Entity Number <b>1213</b>
Route # <b>3</b>	Length of Route (miles per day) <b>101.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>30</b>
Vehicle I.D. # <b>1GBJG31F921135354</b>		License # <b>431</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____	

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1213	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date